



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

THE TOBY MCCLAMROCH COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

( 317 ) 472-2198

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

3925 RIVER CROSSING PARKWAY, THIRD FLOOR

5. City, State, ZIP Code

INDIANAPOLIS, IN 46240

6. Party Affiliation (if applicable)

REPUBLICAN

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

W. TOBIN (TOBY) MCCLAMROCH

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

CITY COUNTY COUNCILOR, INDIANAPOLIS

10. County of Residence MARION

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (Lines 18, 19, and 20 must be '0') ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: JANUARY 1, 2015

Through: DECEMBER 31, 2015

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

19,743.43

14. Cash on hand and investments January 1, current year.

19,743.43

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

7.02

7.02

15c. Add lines 15a and 15b in both columns

SUBTOTAL

7.02

7.02

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

19,750.45

19,750.45

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

10,000.00

10,000.00

17b. Unitemized

15.00

15.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

10,015.00

10,015.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

9,735.45

9,735.45

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

1/13/16

Signature of Candidate (if applicable)

1/12/16

FOR OFFICE USE ONLY

Myla A. Eldredge

JAN 13 2016

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)




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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures related to **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

**FILE NUMBER**

 Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> GIRI'CO 47 S PENNSYLVANIA STREET STE. 300 INDIANAPOLIS, INDIANA 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Chairman's Club Rental</u>	\$2,000.00	\$2,000.00	03/23/15
Code <u>C</u> BEN HUNTER FOR COUNCIL 200 E. WASHINGTON STREET INDIANAPOLIS, IN 46204	INDIANAPOLIS CITY COUNTY COUNCIL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	08/11/15
Code <u>C</u> MIKE MCQUILLEN FOR COUNCIL P O BOX 50022 INDIANAPOLIS, IN 46250	INDIANAPOLIS CITY COUNTY COUNCIL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	08/11/15
Code <u>C</u> PENCE FOR GOVERNOR 101 W OHIO STREET STE. 1160 INDIANAPOLIS, IN 46204	GOVERNOR OF INDIANA	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$7,500.00	\$7,500.00	12/09/15
Code _____ _____ _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____ _____ _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____ _____ _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$10,000.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)			\$10,000.00		